

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/543142	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/			51							
2		/	/			52							
3		/	/			53							
4		3	/			54							
5		1	/			55							
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45						95							
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47						97							
48						98							
49						99							
50						100							
TOTAL IND.	/		/										
TOTAL DEP.	10	←	8	←									
TOTAL CLAIMS	11		9										

U.S. DEPARTMENT OF COMMERCE  
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PTO - 1360 (REV. 11/04)